

**CITY OF SAVANNAH, GEORGIA
LIQUOR BY THE DRINK
EXCISE TAX RETURN**

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY ALCOHOL LICENSE NO.: _____

GEORGIA SALES TAX NO.: _____

REPORT FOR MONTH OF: _____ **YEAR:** _____

THIS RETURN IS SUBJECT TO AUDIT:

- | | | |
|----|---|----------|
| 1. | Gross sales of liquor by the drink | \$ _____ |
| 2. | Tax (3% of line 1) | \$ _____ |
| 3. | Vendor's Credit (deduct 3% of first \$3000 of the amount on line 2, and .5% of amount in excess of \$3000 on line 2, if not delinquent) | \$ _____ |
| 4. | Penalty if delinquent (add 15% of line 2) | \$ _____ |
| 5. | Interest if delinquent (add 1% of line 2 compounded for each month or fraction of each month) | \$ _____ |
| 6. | Total amount due (Please attach check to return) | \$ _____ |

***PAYMENT MUST BE RECEIVED IN THE REVENUE DEPARTMENT BY
THE 20TH DAY OF THE MONTH FOR THE PRECEDING MONTH***

I declare under penalties prescribed that the information provided in this return is true and Correct to the best of my knowledge and belief.

Signed _____ Title _____

Date: _____ Phone No. _____

Return this form together with check for the amount shown on line 6 and payable to the City of Savannah Revenue Department and address to: Revenue Department, P.O. Box 1228, Savannah, Georgia, 31402.